

BID FORM – CABIN SITE LEASE

LEASE # _____

INSTRUCTIONS- READ CAREFULLY!

- ☐ PROVIDE ALL REQUIRED INFORMATION (GRAY BOXES) – *Incomplete or illegible forms will not be accepted.*
- ☐ Sign Bid Form and have it notarized at the bottom.
- ☐ Place Bid Form in a sealed envelope along with:
 - ☐ A cashier's check, certified check or money order for the Bid Deposit equal to 10 percent of your bid amount. No personal checks or cash.
 - ☐ A separate check or money order for the \$25 application fee. A personal check is acceptable for the Application Fee. No cash.
- ☐ On the envelope, please write **SEALED BID FOR LEASE # _____**.
- ☐ Your sealed bid must be received (at the address shown on the right) by **5:00pm on the Bid Closing Date.**

MAIL OR DELIVER TO:

Dept of Natural Resources &
Conservation
1625 Eleventh Ave
PO Box 201601
Helena, MT 59620-1601

CHECKS PAYABLE TO:

Dept of Natural Resources &
Conservation

QUESTIONS?

406.444.2074

NAME OF BIDDER _____		
NAME OF BIDDER _____		
MAILING ADDRESS _____		
CITY _____	STATE/PROVINCE _____	ZIP/POSTAL CODE _____
COUNTRY _____	TELEPHONE _____	

MY BID AMOUNT	➤	\$	
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Are you leasing this land for your own use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you planning to sub-lease this land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, to whom?	_____	
Are you the head of the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attained the age of 18 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEPARTMENT STATEMENT – The Department of Natural Resources and Conservation will evaluate all eligible bids and award the lease to the highest bidder whose bid is in the best interest of the applicable Trust Beneficiary.

BIDDER(S) STATEMENT – I/We, the undersigned, hereby offer a bid for this cabin site, the lease number for which is noted above, under the provisions of Montana Code Annotated (MCA) and amendments thereto, and the rules and regulations adopted by the State Board of Land Commissioners. I/We understand that false statements may constitute reason for cancellation of the lease by the Board. The bid amount offered is what I/we have written above. I/We understand if there is a balance due for the prorated rent after the bid deposit is applied, the Department will send a bill for the remaining balance, non-payment of which will forfeit the entire bid deposit and cancel the lease.

By signing this form, I/we indicate that I/we have read and agree to the above statements and certify that all the information I/we have given is true and accurate to the best of my/our knowledge, information and belief.

BIDDER SIGNATURE	DATE
BIDDER SIGNATURE	DATE

Subscribed and affirmed before _____ day
me this _____ of _____, 20 ____

[NOTARY SEAL]

Notary signature

Notary printed name

Notary Public for the

State of _____

Residing _____

at _____

My Commission _____

Expires: _____